

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/506550

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2	1			
4		2	1			
5		2	1			
6		2	1			
7		2	1			
8		2	1			
9		2	1			
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48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	15	←	8	←		←
TOTAL CLAIMS	10	[REDACTED]	9	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓			↓	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]